POOR LEGIBILITY

ONE OR MORE PAGES IN THIS DOCUMENT ARE DIFFICULT TO READ DUE TO THE QUALITY OF THE ORIGINAL

CALIFORNIA SODA CO 355 CYPRESS STREET OAKLAND, CA 94607 CT 4019

stin 258,

Ownership history wypress AGENCY Agency Director

470-27th Street, Third Floor Oakland, California 94612 (415)

September 27, 1989

Owner/Operator 355 Cypress St. Oakland, CA 94607 355 Cyp-ress?, laceoray to tax map trus 15 Calsoda property)

RE:355 Cypress St.

NOTICE OF LEGAL OBLIGATION

Dear owner/operator:

Our records indicate that there are underground tank(s) at your site at the above facility.

In accordance with the California Administrative Code, Title 23, Chapter 3, Subchapter 16 Underground Tank Regulations you must perform one of the following actions:

- Submit a tank closure plan to this Department as required by Article 7, 2670, or
- 2. Apply for a permit as required by Article 10, 2710.

Notify this Department within 10 days of your intentions and to obtain the necessary instructions and forms.

Please note that section 25299 of the California Health and Safety Code states that any operator or owner of an undergound storage tank is liable for a civil penalty of not less than five hundred dollars or more than five thousand dollars per day for failure to obtain a permit, or failing to properly close an undergound storage tank, as required by section 25298.

If you have any questions concerning this matter, please contact Tom Peacock, Senior Hazardous Material Specialist, at 271-4320.

Sincerely,

Rafat A. Shahid, Chief,

Ref. A. Shahid

Hazardous Materials Program

RAS: mnc

cc: Gil Jensen, Alameda County District Attorney, Consumer and
Environmental Protection Agency
Lisa McCann, RWQCB

NORMAN R. HINCK PRESIDENT/OWNER CALIFORNIA SODA COMPANY

OFF. PH. 444-6217 355 CYPRESS STREET OAKLAND, CA 94607 RES. PH. 283-2458 3151 SANDALWOOD CT. LAFAYETTE, CA 94549

٧,	FACI	LITY NAME_	Colifornia Soda Co. Nº	10)51	S				•			
· <u>s</u>	ECTION	<u>#</u>	GENERATOR INSPECTION CHECKLIST	In	Compli	ance?	,	SECTION	11	~2-	In C	omp1i	ance:
1851	CVCS	40 CFR3	HAZARDOUS WASTE DETERMINATION	Yes	<u>No</u>	ΗΛΛ	1185]	CAC2	40 CFR3	·	Yes	No	<u>R7.</u>
	66505 (a,b)	262 .11	Hazardous waste determination made for all waste	λī	[]	[]		66500 (a)	265 .176	Contact/mixing of incompatibles does not occur	! K	n.	[]
	: *		HAZARDOUS WASTE FACILITY			.	1	66500	265	Incompatibles are stored/protected in separate		••	•••
15123 13	66370	262.34 .(a)(1)	Generator <u>does not</u> store waste on-site for more than 90 days	[]	(1	7 4		(b)	.176	containers	JA.	[]	[]
	66370	*(*/(*/	Generator <u>does not</u> treat waste on-site	[]	X	11		66500	265	TANKS			
	70 لاست		Generator does not dispose of waste on-site	[]	<i>P</i> 0	[]		(b)	.199	Incompatibles are stored/protected in separate tanks	[]	[]	АÌ
;			MANIFEST		•					ACCUMULATION TIME			
	66475	262 .20	Applicable sections accurately completed for all waste transported off-site	[]	[]	X	25123		262.34 (a)(1)	All waste moved off-site within 90 days of accumulation commencement to approved facility	[]	[]	<u></u>
	56475	262				-1				RECORDKEEPING AND REPORTING			
	(a-f)	.21&.23	The following is on all manifests:				253/12			Submittal of Annual Report to Board of Equilization	[] .	[]	M
;			Manifest document number	[]	· []	Įχ				UNDERGROUND TANKS INFORMATIONAL SURVEY		. .	
			Name, mailing address, phone #, EPA ID # of Generator	[]	[]	M.		-		Does generator have underground tanks containing:	•		
			Name, EPA ID # of Transporter(s)	[]	[]	Ų.		•		Hazardous materials?	[]	A	<i>(</i> H)
			Name, address, EPA ID # of designated/		.,	l ba				Hazardous waste?	[1]	W	[]
			alternative facility	()	[]	Q Ex				Does generator have leak detection system for underground tanks?	[]	D	Æ
:			DOT description of waste(s)			N.							7
			Total quantity of waste(s) and type/# containers	[]	[]	Ŋ	1						
્રે	<u> </u>		Certification statement/Required signatures	[]	[]	Ϋ́	ļ			KEY TO GENERATOR INSPECTION CHECKLIST			
	66475 (g)		Properly completed copies submitted monthly to DOHS	[]	[]	KI			۱ _H	18S - Health and Safety Code, Division 20, Chapter 6.5		Į	
			DEPOSITION OF WASTE				ļ		. 2 _C	CAC - California Administrative Code, Title 22, Division 4, Chapter 30			
	66505 (c)		Hazardous waste taken only to a State approved facility	Ü	IJ	þŧ	j I		34	10 CFR - Code of Federal Regulations, Part 40			
*.		<i>t</i>	EXTREMELY HAZARDOUS WASTE		•		}						
	66570 (a,b)		Extremely hazardous waste not handled/disposed of without permit	11	[]	Þ.		Inspect	ion date:_	2-25-86			
	66570 (d)		No deviation from DOHS approved handling/disposal methods	[]	()	4 0	}	Inspect	or Time Sp	pent:			
		٠.	USE AND MANAGEMENT OF CONTAINERS			:	-						
	66500 (c)	265 .172	Containers are compatible with waste in them	[]	[]	ķχ							

CARL N. LESTER, Agency Director

470-27th Street, Third Floor Oakland, California 94612 (415) 874-7237

HAZARDOUS WASTE GENERATOR INSPECTION AND COMPLIANCE REPORT

EPA I.D. #	DATE 2-25 83
GENERATOR NAME/ADDRESS	CONTACT PERSON N. Hmdr
California Soda Co.	PHONE NUMBER 444-627
355 Cypress St Oakland 94607 CT4019	_
AVERAGE GENERATION RATE (MONTHLY)	
OBSERVATIONS: Cansol 50do, 50do a Charmated TSP, ghosphone acid, agua mmm	
7	
•	•
Gave variance request wasternatures of ERMAN	for newbox / Ring causiff
Name N. Hwich Title Owner Signature Harmon Sumb Date 7.35.86	Authorized Representative of Alameda County: Name Thomas Peacock Phone Number 874-7237 Signature Vinnas Poacock Date 2-5-86
¹ All samples will be taken in accordance with Code, Division 20, Chapter 6.5	Section 25185, California Administrative

end 21 section and design to estimate transfer to estimate the estimate transfer to the estimate transfer transfer to the estimate transfer tran

PEOPLE DE MANSO

188 1188 EVEL 1263 8812 8813

12913 2011 C 1211 1121 1121 1123 1123 1123

That has sold supplies to the rest

SEC.

MORTEN SHINE

THE SECTION OF THE SE

Cl. Please check if any of the following categories of hazardous substances is used

	or handled by your	firm:				
	TOXIC	K	CORROSIVE	杠		
	FLAMMABLE OR IGNITA	BLE 💆	REACTIVE			
C2.	Please check the at store, mix, treat, and enter each by to Sample:	formulate, genera	te, manufact	ure, tran	sport or d	ispose of,
	1/13/11 1/19/81	12/12/ 12/61/	1 2621	1318111	1318131	1319161
			1 1111			
	512131 1514101	1516161 151911	1 1612111	1617101	1617121	161713
	[61716 1617171	1617181 161810	ा ।८।४१२।	1710151	1717161	171811
	1718181 1111			<u> </u>		
			1 1111	1111		
			1111		111	اللا
			1 111			
	CERTIFICATION					
c	I hereby certify to knowledge, true and Signature Musillen tritle		on on this f NoR Typed of Date	MAN or Printed	the best $\frac{1}{1}$ $\frac{1}{9}$ $\frac{1}{9}$	of my

Please return completed form to:

Alameda County Division of Environmental Health 470-27th Street, Room 322 Oakland, CA 94612 -2-

(415) 874-7237

ALAMEDA COUNTY

HEALTH CARE SERVICES



CARL N. LESTER, Agency Director

DIVISION OF ENVIRONMENTAL HEALTH HAZARDOUS MATERIALS MANAGEMENT UNIT

		ȘECTION A MASIER FILE RECORD	371D 258	470-27th Street, Third Floor Oakland, California 94612 (415) 874-7237
A1 •	ESTABLISHMENT NAME	DIRINITIAI ISIOIDIA	+ COMPLAI	
λ2.		• •	OR P.O. BOX NUMBER	SITIRIFIEITI
	61TY 10/A1K1L1A1N1D1 1 1	46 47 STATE C 1A 82 83	71P CODE [914161617] 84 88	BLDG PLANT NO 1 1 1 1 93 96
42•	ESTABLISHMENT PHONE 4141416121117 97 103 44. GON	NTACT PERSON NOIRIMIAINI ILLIIN N	NICIK I I I I	1 1 1
A5.		FROM MAILING ADDRESS) I DIRECTION STREET NAME (E,W,ETC.)	11111	
	CITY		IP CODE 4 58	ELDG/PLANT
A 6•	MIDIRIMIAINI IHIINICIK	(1111111	A7 - 1041 87	14141 161211171 1
.8A	NAME OF FREYIOUS OWNER EIMITAL SICIHILITICH 97		A9. DATE YOU STARTED MO DAY YR 117	OR ASSUMED BUSINESS 22
A10.	$\frac{ 2 8 1 2 }{ 2 8 1 2 }$	TOTAL NUMBER OF EMPLOYEES		
AI 2.	DO YOU HAVE PERMITS FOR ANY OF THE	FOLLOWING: Y N		V N
	AIR POLLUTION CONTROL DISTRICT		WASTE HAULER REGIST	
	SEHER DISTRICT (FOR INDUSTRIAL WAST		WATER QUALITY CONTRO	L BOARD 🗍 💢
	•	SECTION B VKS CONTAINING HAZARDA	DUS SUESTANCES	
Iđe	ntify the type, number and tot	tal volume of undergro	ound tanks in you	r firm.
	Bl. Type	B2. No. of Tanks		Volume/Gals.
	1. Tank			
	2. Sump		200	
	3. Lagoon, pit or pond			
	A 04-1			

Alameda County - Department of Environmental Health - Hazardous waterials Division 80 Swan Way, #200 Oakland, CA 94621 (510) 271-4320

BILLING ADJUSTMENT FORM

Billing Acct.#

	- <u>[</u>	X Generator H <u>7//</u> Vi. HMMP L <u>9/3</u>	35
Date:	\ 1		
HazMat StID#: 258	_		
Caller:	Phone:		
Company Name: California Sula	Company		
Site Address: 355 Averese St	Dollar	d 946	507
Requested Changes:	City	Zip	
		e _s	
		Initials:	
			.
[] Rescind Bill with explanation and date (f available):		·
Generator	·	· ·	
HMMP (AB2185)		· · · · · · · · · · · · · · · · · · ·	
☐ ust	* !		7.5
[] Continue Billing With Following Chang	les:		
333	From: To		
Change number of EMPLOYEES	alika kalendari kalendari	<u> </u>	
Change number of TANKS			
HMMP (AB2185)			esertification of the
Updated Information			
Business Name	Pr	none:	_
SITE Address 355 Wondela	Pkway Calla	nl p	4607
DILLING Add	City	Ζίρ	
BILLING Address	City	Zip	
1			:
Inspector: Son Anna	Date 6/1/01	[] Sent to Bil	 lina
inspector:	_ Date: (5)/ 1/7	on 61219	2
		Rev 12/91 Mac-E	illAdj-2

CONTAINER CONSTRUCTION

() 06 TAR OR ASPHALT () 09 OTHER:

ε.	(RUBBER LIN							POXY	LINING	() 04 PHEN	DLIC	LINING	() (05 GL/	ASS LINING	
F.	1) 01	POLYETHLE	NE WRA	P (() 02 V	INYL WE	APPING	() 03	CATHODIC	PROTECTION	() 04 UNK	NOHN	(X) (5 NONE	

VI PIPING

4 11 1

		() 01 DOUBLE-WALLED PIPE () 02 CONCRETE-LINED TRENCH () 03 GRAVITY () 04 PRESSURE (*) 05 SUCTION (数) 06 UNKNOWN () 07 NONE
- 1	B INDECCOMEND DIDING	() OF DOUBLE-MALLED DIDE () OF CONCRETE-LINED TRENCH () OF CRAVITY

B. UNDERGROUND PIPING: () 01 DOUBLE-WALLED PIPE () 02 CONCRETE-LINED TRENCH () 03 GRAVITY (CHECK APPROPRIATE BOX(ES) () 04 PRESSURE (#1 05 SUCTION () 06 UNKNOWN () 07 NONE

VII LEAK DETECTION

(X) 01 VISUAL () 02 STOCK INVENTORY () 04 VAPOR SNIFF WELLS () 05 SENSOR INSTRUMENT () 06 GROUND WATER MONITORING WELLS () 07 PRESSURE TEST () 09 NONE () 10 OTHER:

VIII CHEMICAL COMPOSITION OF MATERIALS STORED IN UNDERGROUND CONTAINERS IF YOU CHECKED YES TO IV-F YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION

CURRENTLY STORED	PREVIOUSLY STORED	DELETE	CAS# (IF KNOWN)	CHEMICAL (DO NOT USE COMMERCIAL NAME)
(X) 01	() 02	() 03	497198	* SODIUM CARBONATE (SODA ASH)
(X) 01	() 02	() 03	6834920	SODIUM METASILICATE
(X) 01	() 02	() 03	1310732	SODIUM HYDROXIDE
() 01	() 02	() 03		
() 01	() 02	() 03		
() 01	() 02	() 03		
() 01	() 02	() 03		
() 01	() 02	() 03	111111	
() 01	() 02	() 03		
() 01	() 02	() 03	1111111	

* CHECK STATE BOARD CHEMICAL CODE LISTING FOR POSSIBLE SYNONYMS

		·····						 	 	
ĺ										
IS	CONTAINER	LOCATED OF	N AN AGRI	CULTURAL	FARM?	() 01 YES	(X) 02 NO			

THIS FORM HAS BEEN COMPLETED UNDER THE PENALTY OF PERJURY AND, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT.

PERSON FILING (SIGNATURE)) N. P	PHONE W/AREA CODE #15- Held / 117
	Comes	173 177 - 621

FOR LOCAL AGENCY USE ONLY

ADMINISTRATING AGENCY		CIT	TY CODE COUNTY CODE					
CONTACT PERSON			PHONE	W/AREA CODE				
DATE OF LAST INSPECTION	IN COMPLIANCE	PERMIT APPROVAL DA	TE	TRANSACTION DATE	LOCAL PERMIT ID #			

HSC04-070185 (09/25/85)

SLAMPSHORM STEAN TAN

CALIFORNIA SODA CO 355 CYPRESS STREET OAKLAND, CA 94607 CT 4019

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